



MARYLAND DEPARTMENT OF JUVENILE SERVICES

POLICY & PROCEDURE

SUBJECT: Suicide Prevention Policy & Procedure
NUMBER: HC-01-07 (Health Care)
APPLICABLE TO: Residential Facilities
EFFECTIVE DATE: November 8, 2007

Approved: “/s/signature on original copy”
Donald W. DeVore, Secretary

1. **POLICY.** All administrative, direct care, medical and clinical staff and all other personnel working with youth under the custody of the Department of Juvenile Services (DJS) are responsible for protecting youth from suicidal or harmful actions by and to themselves in all facilities operated by DJS. This policy and procedure delineates the procedures that all staff shall utilize when assessing, reporting and intervening with those youth at risk for suicidal behavior. All Department facilities, including those that are state owned and vendor operated and those DJS licensed programs shall follow the suicide prevention, intervention and follow-up procedures as indicated in this Policy and Procedure.
2. **AUTHORITY.**
 - a. Annotated Code of Maryland, Human Services Article §§ 9-902, 9-203, 9-204, 9-205 and 9-218.
 - b. COMAR 14.31.06.13.J.
3. **DEFINITIONS.**
 - a. *Administrator* means a Facility Administrator, Assistant Facility Administrator, Director or person designated by the Assistant Secretary of Residential Services.
 - b. *Admission Officer* means the designated employee at a facility responsible for admitting a youth into a facility.
 - c. *Assessment* means a face- to- face interview with a youth conducted by a Mental Health Professional to determine level of suicide risk.
 - d. *Close Observation* means the staggered visual monitoring of a youth, at intervals that do not exceed ten minutes (e.g., 4, 7, 10 minutes, etc.), who is on PRECAUTION or WARNING suicide watch level.
 - e. *Constant Observation* means the continuous, uninterrupted visual monitoring of a youth, who is actively suicidal, is on an ALERT suicide watch level, or when staff thinks a youth is exhibiting suicidal behavior and needs to be assessed by a clinical or medical staff.
 - f. *Direct Care Staff* means Resident Advisor or Residential Group Life Manager Series or a staff having direct contact with a youth in a committed, detained or shelter care program.

- g. *Emergent Care* means an intervention taken by a local hospital to provide an injured, ill, emotionally disturbed or mentally ill youth a service that includes, but is not limited to, emergency evaluation, care, treatment and referral before a youth is returned to a DJS facility.
- h. *Facility Case Management Specialist* means a designated staff member assigned to the facility who is responsible for ensuring that each detained youth receives all appropriate evaluations ordered and services necessary to meet a youth's needs while in public or privately operated facilities. This designated staff member is responsible, in coordination with a youth's assigned Community Case Management Specialist or designated staff member, for developing after care plans. This staff member shall also maintain contact with a youth's parent, legal guardian, or custodian during a period of care and custody with the Department.
- i. *Facility Initial Reception/Referral Screening Tool (FIRrst)* means an approved screening instrument used by an intake worker to screen a youth before facility admittance.
- j. *Individual Suicide Watch Tracking Log* means a tracking form that staff uses in each program to document the youth who are currently on a SWL. The documentation shall include, but not be limited to:
 - (1) The youth's name and date of birth;
 - (2) The date and time placed on the SWL;
 - (3) The staff placing the youth on SWL;
 - (4) The current SWL;
 - (5) The necessary precautions, interventions and actions for direct care staff to follow; and
 - (6) Communication from the Mental Health Professional regarding conditions for supervision.
- k. *Intervention* means an action taken by a staff, care giver, family, friend, peer, and/or community to decrease a youth's risk of suicide after he/she has demonstrated a form of suicidal behavior.
- l. *Massachusetts Youth Screening Instrument (MAYSI)* means an approved self report screening inventory used to identify youth who need a mental health assessment due to the possibility of serious mental health issues or suicide risk.
- m. *Medical Staff* means a staff member with responsibility for providing somatic care to youth.
- n. *Mental Health Staff/ Mental Health Professional* means a licensed staff with responsibility for the mental health care of a youth or Mental Health Staff assigned to perform duties under the direct supervision of a licensed Mental Health Professional.
- o. *Observation/Safe Room* means a designated area of a facility, located optimally in or near a facility's health center, where a youth can be continuously observed and maintained to prevent harm to him/herself and to prevent physical contact with another youth. This room shall be free of any object that could be potentially harmful to a youth.
- p. *One-on-One* means a staff is positioned within five feet of a suicidal youth and is responsible for maintaining continuous sight and/or verbal contact with youth.
- q. *Physical Observation* means a complete and thorough inspection of a youth by a staff to identify signs of suicidal behavior, physical injury, illness and/or if a youth

- is under the influence of drugs and/or alcohol.
- r. *Program* means a residential facility operating under the authority of the Secretary, or a private or public vendor that is directly involved with the care, custody, treatment and supervision of a youth who is under the jurisdiction of the Department.
 - s. *Serious Suicide Attempt* means a suicide attempt that results in a youth being hospitalized or treated for a medical or mental health reason.
 - t. *Suicide* means a death of an individual resulting from an intentional self-inflicted act.
 - u. *Suicide Attempt* means a physical action taken by an individual whose conscious intent of suicide does not result in death.
 - v. *Suicidal Behavior* means a suicide ideation, threat, delineation, gesture, or attempt.
 - w. *Suicide Cluster* means an individual's reaction to harm oneself or to engage in suicidal behavior due to a suicide attempt or suicide committed by another individual.
 - x. *Suicide Delineation* means a plan made by a youth to harm self or to commit suicide.
 - y. *Suicide Gesture* means an action taken by a youth to indicate that he/she is planning to attempt suicide, (i.e. usually a form of communication rather than a conscious intent to kill oneself).
 - z. *Suicidal Ideation* means an individual's expressed thought about committing suicide or harming self without a specific threat or delineation.
 - aa. *Suicide Risk* means the degree or intensity of a suicidal behavior demonstrated by an individual.
 - bb. *Suicide Threat* means an action taken by an individual to harm oneself although not indicating a conscious intent to attempt suicide.
 - cc. *Suicide Watch (SW)* means monitoring, observing or supervising an individual exhibiting suicidal behavior.
 - dd. *Suicide Watch Folder* means a folder established by the shift commander for storing completed copies of all Suicide Watch Forms related to each occasion of a youth on Suicide Watch.
 - ee. *Suicide Watch Level (SWL)* means a level of suicide prevention action utilized to prevent, monitor and manage a youth exhibiting suicidal behavior.
 - ff. *Suicide Watch Log* means a form issued daily to all departments within the facility listing all youth on SW, their SWL and the conditions for supervision.
 - gg. *Suicide Watch Observation Form* means a form to document the observations of youth on SW.
 - hh. *Suicidal Youth* means a youth exhibiting suicidal behavior.

4. PROCEDURES.

a. General Procedure.

- (1) The Facility Administrator is responsible for ensuring compliance with this Policy and Procedure. The Facility Administrator shall develop and implement a Facility Operations Procedure (FOP) which outlines training

requirements and Quality Assurance monitoring associated with implementation of this Policy.

- (2) The behavioral health and medical departments or designated staff are responsible for providing the services to assist in suicide identification, prevention and intervention to reduce the intensity of suicidal behavior among youth under the supervision of a facility.
- (3) Screening of a youth for suicidal behavior can be completed by a residential or facility staff.
- (4) Assessment for suicidal risk level and/or treatment of a suicidal youth shall be provided by a licensed Mental Health Professional or persons under direct supervision of a licensed Mental Health Professional. Screening and assessment tools will be approved by the DJS Behavioral Health Division.
- (4) All direct care staff shall carry a cut-down tool. The tool shall be transferred from staff being relieved to staff providing relief and documented in the shift log book. Management shall ensure control of cut-down tools to prevent loss or the introduction of the tools into the facility as a weapon.
- (5) While on a SWL, youth shall be provided with adequate programming, including education, recreation, therapeutic groups and all regularly scheduled activities, unless specifically prohibited by Mental Health or medical staff.

b. Reception/Screening and Assessment Process.

Screening for a youth's potential for suicidal behavior begins at intake reception and continues throughout a youth's stay at a facility or until a youth is discharged from the Department's custody. Further assessments as indicated shall be followed up by Mental Health Staff.

(1) Reception/Intake Screening.

- (i) Every youth admitted to a facility shall be screened by the Admissions Officer or designated staff using the approved DJS ***Facility Initial Reception/Referral Screening Tool (Appendix 1)*** to determine if a youth is a suicide risk.
- (ii) The **FIRST** shall be administered to each youth:
 - (a) Upon initial reception to a facility; and
 - (b) Upon other instances of unsupervised temporary leave and return to a facility (e.g., AWOL, funerals, etc.).
- (iii) Admission staff shall act in accordance with the **FIRST** to advise a transporting or escort officer when to take a youth to a hospital for emergency care and stabilization before returning a youth to a

- facility.
- (iv) Youth with pre-existing medical/psychological conditions who are transferred from one DJS facility to another DJS facility shall be accepted by a receiving facility upon reviewing supporting documentation for the continuum of care. Receiving facilities have the responsibility to accept youth and provide appropriate care and follow-up, to include indicated suicide precaution.
 - (v) Upon a youth's return from emergent care for exhibiting suicidal behavior, he/she shall be placed on ALERT STATUS, Suicide Watch Level III with one-on-one (1:1) supervision and referred to a Mental Health Staff for further assessment. A Mental Health Staff shall meet with a youth within one hour of a referral for further assessment including, but not limited to, suicide risk. If this assessment does not occur within the hour, the youth will remain on ALERT STATUS, Suicide Watch Level III, with one-on-one (1:1) supervision until assessed by Mental Health Staff.
 - (vi) Within two hours of admission to a facility, the MAYSI shall be administered to all youth. If a youth cautions or warns on the "suicide ideation" (SI) or "thought disorder" (TD) scales, suicide assessment procedures (refer to 4.b. [2] below) shall be initiated.

(2) Suicide Assessment.

- (i) This assessment will be conducted within 24 hours and at that time the Mental Health Professional is responsible for assigning a SWL. The youth remains on ALERT Status, Suicide Watch Level III until this assessment and subsequent assignment of level occurs. Only a Mental Health Professional can assign a SWL through a face-to-face assessment. Before a youth is seen face-to-face by a Mental Health Professional, the youth may be placed on ALERT Status, Suicide Watch Level III due to concerns for suicidal behavior by any staff member, but this is not considered an assignment of suicide watch level. The assignment of a SWL is done by the Mental Health Professional after assessing the youth. Once the SWL is assigned by a Mental Health Professional, the youth may only be lowered one SWL in a twenty four (24) hour period.
- (ii) A Mental Health Staff shall then determine and document in writing on the Individual ***Suicide Watch Tracking Log (Appendix 2)*** the necessary precautions, interventions, and actions for direct care staff to follow in order to assure the safety of a youth. A Mental Health Staff shall provide the Shift Commander the document outlining the appropriate measures to be taken. A Shift Commander shall be responsible for making sure the recommended procedures are followed and communicated to the subsequent shifts and all facility departments via the ***Suicide Watch Log (Appendix 3)***. The staff member placing any youth on any SWL shall complete a DJS Incident Reporting Form.

- (iii) Facility staff (direct care staff) shall continue documenting on the **DJS *Suicide Watch Observation Form (Appendix 4)*** their observations of youth and the exact time of each observation. When the **Suicide Watch Observation Form** is completed, a copy shall be made and the original placed in the youth's medical file. A Shift Commander shall establish a Suicide Watch Folder, maintaining completed copies of all documentation of the youth's suicide watch levels, general observations, and interventions.
- (iv) Facility staff (direct care staff) shall verbally communicate between shifts if any youth is on suicide watch, the youth's history of behavior since initiation of suicide watch, and interventions initiated. This communication will complement the documented recording of the progress of each individual on suicide watch and assure appropriate continuity of care between all shifts.
- (v) A Mental Health Professional shall review the **Suicide Watch Observation Forms** daily while the youth is on suicide watch to assure that recommended procedures were implemented by direct care staff.
- (vi) A youth shall be assessed by Mental Health Staff as indicated by their SWL prior to any modification of a SWL.
- (vii) Only a Mental Health Professional may authorize the removal of a youth from suicide watch.
- (viii) A Mental Health Professional and/or medical staff shall make a referral to a hospital or outside mental health agency when appropriate.

c. Facilities and Programs Emergency Procedures.

- (1) Every facility and program shall develop and implement a Facility Operational Procedure (FOP) to include:
 - (i) A written plan outlining procedures to be taken, delineation of staff responsibilities and who to call when a youth exhibits suicidal behavior.
 - (ii) The Department's Incident Reporting Policy to report a youth exhibiting suicidal behavior.
 - (iii) Procedures to secure counseling for each youth in a facility and program following a suicide attempt or suicide (as deemed necessary by Mental Health Staff) in order to minimize an occurrence of suicide cluster.
 - (iv) Procedures for accurately and timely documenting observations of youth on SW and accountability of the process.
 - (v) Procedures for developing Suicide Watch Folder protocols to include:
 - (a) Documentation to be maintained;
 - (b) Secure location for storage in Administrative Area;
 - (c) Time frame for administrative review.

d. Suicide Watch Levels, Supervision and Intervention.

Every facility and program shall at a minimum, adhere to the requirements outlined in the three-level system of supervision and responses to youth who demonstrate any form of suicidal behavior. The three-levels are: Suicide Watch Level I - Precaution, Suicide Watch Level II - Warning and Suicide Watch Level III - Alert. The level designated for a youth will be determined and directed by Mental Health Staff.

Once a youth has been identified as a suicide risk by direct care staff, the youth shall be placed on Suicide Watch Level III and a Mental Health Staff shall conduct an assessment within 24 hours and assign a SWL.

(1) Suicide Watch Level I - PRECAUTION.

PRECAUTION level is the least restrictive suicide prevention action and is required when the youth expresses suicidal feelings but has no specific plan. The youth may upon admission have a history of suicidal behavior, may have received psychiatric care or have been placed on suicide watch while in custody of the Department, and/or Mental Health Professional assessed that there are environmental or other recent events that place the youth at-risk for a suicide attempt. The youth may also verbalize suicidal ideation as an attention seeking behavior.

Purpose: To monitor the safety of youth who present signs of potentially self-destructive behavior; to stabilize youth who have received distressing news or who have recently experienced a disturbing event.

Intervention

- (i) The youth shall be searched and relieved of any objects, materials, shoelaces, belts, etc., which may be used to facilitate suicide.
- (ii) Youth will be observed by staff a minimum of six times hourly at staggered intervals during waking hours. These staggered intervals will range between one and ten minutes to eliminate the youth becoming expectant of periodicity of observation. Routine facility bed checks will be maintained during sleeping hours and documented using normal facility procedure.
- (iii) All observations shall be documented as they occur on the assigned **Suicide Watch Observation Form**. Positive and negative findings shall be documented (e.g., "Youth verbalizing suicidal thoughts, youth sleeping, youth reading, listening to music, hygiene, eating, etc.").
- (iv) Facility staff (direct care staff) shall verbally communicate between shifts which youth are on suicide watch, their history of behavior since initiation of suicide watch, and interventions initiated with

- appropriate documentation in the **Suicide Watch Log**.
- (v) Mental Health Staff shall meet with the youth at least three times per week to provide assessment and therapeutic intervention. Medical staff shall make routine visits to the youth if indicated drug use or other physical health conditions were involved. Direct care staff and/or the Case Management Specialist shall continue to interact with the youth daily.
 - (vi) Appropriate documentation shall be made by Mental Health Staff in a youth's medical record.

The facility or program shall assure that youth placed on PRECAUTION level are able to participate in the normal activities of daily living and be observed by staff who will report to the Mental Health Professional if the youth expresses and/or exhibits more intense signs of suicidal behavior.

(2) Suicide Watch Level II - WARNING.

WARNING level is the next level of restriction. These youth have made verbal threats to commit suicide. Youth may have also made minor attempts, such as scratching his/her wrist or performing some other minor injury to his/her body.

Purpose: To monitor youth who have made threats to commit suicide, and/or exhibit suicidal gestures; to gradually step-down a youth from ALERT status or move up a youth from the PRECAUTION status.

Intervention

- (i) The youth shall be searched and relieved of any objects, materials, shoelaces, belts, etc., which may be used to facilitate suicide.
- (ii) Youth will be observed by staff a minimum of six times hourly at staggered intervals at all times (during sleeping and waking hours). These staggered intervals will range between one and ten minutes to eliminate the youth becoming expectant of periodicity of observation.
- (iii) Observations shall be documented on the assigned **Suicide Watch Observation Form**. Positive and negative findings shall be documented (e.g., "Youth sleeping, youth verbalizing suicidal thoughts, youth reading, listening to music, hygiene, eating, etc.").
- (iv) Facility staff (direct care staff) shall verbally communicate between shifts which youth is on suicide watch, history of behavior since initiation of suicide watch, and interventions initiated with supporting documentation in the **Suicide Watch Log**.
- (v) Mental Health Staff shall meet with the youth at least three times per week to provide assessment and therapeutic interventions in order to assist in placing youth in least restrictive watch. Medical staff will make routine visits to the youth if indicated drug use or

other physical health conditions were involved. Direct care staff and/or the Case Management Specialist will continue to interact with the youth daily.

- (vi) Appropriate documentation shall be made by Mental Health Staff in youth's medical record.

The facility or program shall assure that youth placed on WARNING level are able to participate in the normal activities of daily living and be observed by staff who will report to the Mental Health Professional if the youth expresses and/or exhibits more intense signs of suicidal behavior.

(3) Suicide Watch Level III - ALERT.

ALERT is the most intensive and restrictive prevention level. It is required if the youth has recently made a serious suicide attempt, experienced severe depression, or engaged in high-risk behavior. The youth shall be assigned a staff member for one-on-one (1:1) continuous observation. The assigned staff shall be within five feet and maintain line of sight at all times, including those times where the youth uses the shower or toilet. It is desirable to have same gender staff, whenever possible, to perform constant observation. If a staff member of the same gender as the youth is not available for constant observation, same gender staff shall be made available during the times the youth uses the shower and toilet.

Purpose: To maintain youth in a safe setting to ensure a youth does not engage in suicidal behavior.

Intervention

- (i) The youth shall be searched and relieved of any objects, materials, shoelaces, belts, etc., which may be used to facilitate suicide.
- (ii) Youth will be assigned to a staff who will provide continuous one-on-one (1:1) observation within five feet, while the youth is awake and asleep.
- (iii) Youth shall be housed in an observation room during sleeping hours.
- (iv) Observations shall be documented at least six times per hour at staggered intervals (not exceeding ten minutes) on the assigned **Suicide Watch Observation Form**. Positive and negative findings shall be documented (e.g., "Youth sleeping, youth verbalizing suicidal thoughts, youth reading, listening to music, hygiene, eating, etc.").
- (v) Facility staff (direct care staff) shall verbally communicate between shifts which youth is on suicide watch, history of behavior since initiation of suicide watch, and interventions initiated with supporting documentation in Suicide Watch Log.
- (vi) Mental Health Staff shall meet with the youth daily to provide

assessment and therapeutic interventions in order to assist in placing youth on least restrictive watch as appropriate. Medical staff shall make routine visits to the youth if indicated drug use or other physical health conditions were involved. Direct care staff and/or the Case Management Specialist shall continue to interact with the youth daily.

- (vii) Appropriate documentation shall be made by Behavioral Health Staff in the youth's medical record.
- (viii) Only mental health and/or medical staff shall determine if the youth should be sent to a hospital for appropriate psychiatric evaluation and recommendation.

The facility or program shall assure that youth placed on ALERT level are able to participate in the normal activities of daily living and are observed by staff who will report to the Mental Health Professional if the youth expresses and/or exhibits more intense signs of suicidal behavior.

Youth on Suicide Watch Level III- ALERT shall not be confined to their room during waking hours or be excluded from any program activities without written authorization and justification of the Mental Health Staff.

e. Placing, Upgrading, Downgrading and Discontinuing Suicide Watch.

The following factors shall be addressed prior to initiating, upgrading, downgrading, and/or discontinuing suicide watch:

- (1) All staff has authority to place a youth on suicide watch. Only a Mental Health Professional may downgrade and/or discontinue a suicide watch with appropriate documentation. Only mental health and/or medical staff may determine if a youth should be referred off grounds for psychiatric hospitalization.
- (2) Youth placed on a PRECAUTION OR WARNING Suicide Watch Level shall be assessed three times weekly by Mental Health Staff. Youth placed on ALERT Suicide Watch shall be assessed daily by Mental Health Staff. All other staff (including, but not limited to, direct care, security, educational, and medical personnel) having regular interaction with a youth may be consulted regarding the need for continued suicide watch.
- (3) Following a face-to-face assessment by a Mental Health Professional, a youth placed on WARNING OR ALERT status shall always be downgraded to a lower observation level for at least a 24 hour period of time prior to discontinuation of a SWL.
- (4) Youth discontinued from a SWL shall be followed-up and reassessed by a Mental Health Professional a minimum of twice weekly for the remainder of the current DJS custody.

- (5) The mental status of a youth may vary at any given time. Staff shall practice good observational skills and knowledge of the signs and symptoms that indicate suicidal behavior. If staff observes a youth who is already on a SWL exhibiting increased risk behavior, the youth shall be placed on Alert Status. The Mental Health Professional shall be notified within one hour and the youth shall be assessed within 24 hours by Mental Health Staff to establish the appropriate suicide watch level of placement.

f. Transportation.

When transportation of a youth becomes necessary, the youth shall be maintained with uninterrupted documentation and supervision according to their SWL.

g. Training.

- (1) All staff who come into regular direct contact with youth shall receive an initial eight hours of training on suicide prevention and intervention and four hours of refresher training thereafter, each year.
- (2) All Admissions/Reception Officers and other designated staff shall receive training on how to conduct a physical observation of a youth and how to administer a DJS approved screening tool.
- (3) All clinical and medical staff will receive specialized training relating to their job duties as part of their initial eight hour and four hour annual refresher training.
- (4) The initial eight hour training curriculum shall include, but not be limited to:
 - (i) Completing Suicide Watch Observation forms,
 - (ii) Adolescent development,
 - (iii) Predisposed factors of suicidal behavior,
 - (iv) High risk suicidal periods,
 - (v) Warning signs and symptoms,
 - (vi) Departmental policy and procedure addressing suicide prevention,
 - (vii) Liability issues associated with juvenile suicide,
 - (viii) Resources for suicidal youth,
 - (ix) Supervision of youth with suicidal behavior,
 - (x) Isolation of youth with suicidal behavior,
 - (xi) Room sanitation for youth with suicidal behavior,
 - (xii) Emergency medical care for youth with suicidal behavior,
 - (xiii) Mental health issues related to suicidal behavior,
 - (xiv) The three levels of suicide watch,
 - (xv) Screening and Assessment,
 - (xvi) Transition Services,
 - (xvii) Crisis Counseling,

- (xviii) Observation Skills, and
- (xix) Responding to Suicide Attempts (e.g. How to use the cut-down tool, emergency first aid, etc.).

- (5) The four hour refresher training will include, but not be limited to:
 - (i) Review of predisposing factors,
 - (ii) Warning signs and symptoms,
 - (iii) Changes, if any, to the facility's suicide prevention procedures,
 - (iv) Discussion of any recent suicidal behavior or attempts at the facility,
 - (v) Implementation of the suicide watch level system,
 - (vi) Crisis Counseling, and
 - (vii) Observation Skills.
- (6) The DJS Office of Professional Development and Training will monitor to ensure that all employees receive professional training and continuous knowledge of the Suicide Prevention Policy.

5. DIRECTIVES/POLICIES AFFECTED.

- a. Directives/Policies Rescinded - **HC-1-02 (Suicide Prevention)**
- b. Directives Referenced **MGMT-2-01 (Incident Reporting Policy)**

6. LOCAL IMPLEMENTING PROCEDURES REQUIRED. Yes.

7. FAILURE TO COMPLY.

Failure to comply with a Secretary's Policy and Procedure shall be grounds for disciplinary action up to and including termination of employment.

Appendices - 4

- 1. Facility Initial Reception/Referral Screening Tool (FIRrst)
- 2. Individual Suicide Watch Tracking Log
- 3. Suicide Watch Log
- 4. Suicide Watch Observation Form

MARYLAND DEPARTMENT OF JUVENILE SERVICES

FACILITY INITIAL RECEPTION/REFERRAL SCREENING TOOL
HEALTH CARE
FIRST/HC

This form shall be used at the time of a youth's initial arrival to a DJS facility. It provides information that will determine, by observation and questioning, whether the Department will officially admit a youth to a facility or because of a need for emergency health care instruct an escorting officer to transport a youth to a hospital. The Department shall deny admittance of a youth who is unconscious, semiconscious, bleeding, mentally unstable or otherwise urgently in need of medical attention and shall instruct a transporting officer to transport a youth for immediate hospital care. A youth referred to a hospital shall have a written medical clearance prior to an admission or return to a DJS facility. **If an answer is yes to any Observations or Questions 1 through 6 below, a youth may not be admitted to a facility but transported to a hospital for emergent care.**

Youth Name	Youth ID #	DOB	Sex	Date/Time
Charge(s)	Facility	Admissions Officer		

Observations

	No	Yes	Describe
1. Is the youth unconscious?	_____	_____	_____
2. Does youth have any obvious injury(ies)?	_____	_____	_____
3. Does youth appear to be under the influence of alcohol/drugs?	_____	_____	_____
4. Does youth exhibit visible signs of alcohol and/or drug withdrawal? e.g. profuse sweating, vomiting, shakes, doubled over with cramps	_____	_____	_____
5. Does youth exhibit bizarre or unusual behavior? e.g. confused, incoherent or violent	_____	_____	_____
6. Do you, an arresting and/or transporting officer have information, e.g. from observed behavior that indicates a youth is a medical, mental health or suicide risk now ?	_____	_____	_____

Questions

1. Are you thinking of hurting and/or killing yourself now ?	_____	_____	_____
2. Are you bleeding?	_____	_____	_____
3. Do you have a serious injury? e.g. severe sprains, fractures, open wounds	_____	_____	_____
4. Do you currently have a communicable disease? e.g. Mumps, Chickenpox, Tuberculosis (active TB)	_____	_____	_____
5. Do you have a serious dental problem? e.g. severe pain, gum swelling, abscessed tooth	_____	_____	_____
6. Are you thinking of hurting and/or killing anyone now ?	_____	_____	_____

If yes to question #6 admit youth and place under close observation and refer to clinical for assessment.

Reception/Referral

_____ Admitted to Facility _____ Referred for Emergent Care

_____ Admitted for Observation and Evaluation by clinical staff

Examiner Signature
DJS-11-07

**Department of Juvenile Services
Individual Suicide Watch Tracking Log**

Youth's Name: _____

Youth's Date of Birth: _____

Facility: _____

Initial Suicide Watch Level Assignment:	
Date:	
Time:	
Staff Placing on SWL:	
Reason for SWL:	
Conditions for Supervision:	
Changes to Initial Suicide Watch Level Assignment:	
New SWL:	
Date:	
Time:	
Staff Authorizing Change:	
Reason for Change:	
New Conditions for Supervision:	
Changes to Initial Suicide Watch Level Assignment:	
New SWL:	
Date:	
Time:	
Staff Authorizing Change:	
Reason for Change:	
New Conditions for Supervision:	
Changes to Initial Suicide Watch Level Assignment:	
New SWL:	
Date:	
Time:	
Staff Authorizing Change:	
Reason for Change:	
New Conditions for Supervision:	
Changes to Initial Suicide Watch Level Assignment:	
New SWL:	
Date:	
Time:	
Staff Authorizing Change:	
Reason for Change:	
New Conditions for Supervision:	
Changes to Initial Suicide Watch Level Assignment:	
New SWL:	
Date:	
Time:	
Staff Authorizing Change:	
Reason for Change:	
New Conditions for Supervision:	

ICAU #: _____

Staff Initiating Suicide Watch (print)

[illegible]



**MARYLAND DEPARTMENT OF JUVENILE SERVICES
EMPLOYEE STATEMENT OF RECEIPT
POLICY AND PROCEDURE**

SUBJECT: Suicide Prevention Policy & Procedure
POLICY NUMBER: HC-01-07
EFFECTIVE DATE: November 8, 2007

I have received one copy (electronic or paper) of the Policy and/or Procedure as titled above.
I acknowledge that I have read and understand the document, and agree to comply with it.

SIGNATURE

PRINTED NAME

DATE

(THE ORIGINAL COPY MUST BE RETURNED TO YOUR IMMEDIATE SUPERVISOR
FOR FILING WITH PERSONNEL, AS APPROPRIATE.)